

**TITLE PAGE FORM**  
Field-Initiated Studies Grant Program—CFDA 84.305T  
U.S. Department of Education

1. DUNS No.: \_\_\_\_\_

Application No. (For ED use only)

2. APPLICANT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

3. PROJECT DIRECTOR:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

4. Federal Funds Requested:    1<sup>st</sup> Year:    \$ \_\_\_\_\_  
   2<sup>nd</sup> Year:    \$ \_\_\_\_\_  
   3<sup>rd</sup> Year:    \$ \_\_\_\_\_  
   Total:        \$ \_\_\_\_\_

5. Duration of Project:  
     Starting Date: \_\_\_\_\_  
     Ending Date:    \_\_\_\_\_  
     Total Number of Months: \_\_\_\_\_

6. Application Title: \_\_\_\_\_

7. Brief Abstract of Application: (Use this space only)

8. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes   ☐ No   → a. If "Yes," Exemption(s) #:  **OR** b. Assurance of Compliance #:

c. IRB approval date: \_\_\_\_\_ → ☐ Full IRB **OR** ☐ Expedited Review

9. Certification by Authorizing Official

The applicant certifies to the best of his/her knowledge and belief that the data in this application are true and correct and that the filing of the application has been duly authorized by the governing body of the applicant.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_